



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-07	BOARD MEETING: June 5, 2012	PROJECT NO: 12-020	PROJECT COST: Original: \$154,235,520 Current:
FACILITY NAME: Skokie Hospital		CITY: Skokie	
TYPE OF PROJECT: Non - Substantive			HSA: VII

PROJECT DESCRIPTION: The applicant is proposing the modernization of both clinical and non-clinical space at Skokie Hospital, Skokie. The proposed project is a combination of new construction and renovation of existing space. The cost of this project is \$154,235,520. **The anticipated project completion date of this project is December 31, 2017.**



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EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant is proposing the modernization of its Medical/Surgical and Intensive Care categories of service, resulting in the reduction of 35 med/surg and 4 ICU beds. The applicants also propose to modernize its surgical suite/recovery area, same day surgery, pharmacy, and administrative/support spaces. The cost of this project is \$154,235,520. **The anticipated project completion date is December 31, 2017.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the cost of the project exceeds the capital expenditure minimum of \$11,885,440.

PURPOSE OF THE PROJECT:

- The proposed project is the second phase of a major modernization program on the Skokie Hospital campus. The project will result in the conversion of its Med/Surg and ICU bed complement from semi-private to private rooms, in an effort to be consistent with contemporary health care standards. The applicants are proposing 138 medical surgical beds, 16 intensive care beds, 8 operating rooms and 32 recovery stations. The project will also modernize pharmacy, and various administrative and non-clinical support areas.

NEED FOR THE PROJECT:

- **Applicant proposing to modernize an existing facility must:**
 - Document whether the facility is deteriorated or functionally obsolete;
 - That the proposed modernization will meet the State Board's target occupancy by the second year after project completion, and;
 - That the historical utilization will justify the number of beds or rooms being requested.

BACKGROUND:

- Evanston Northwestern Healthcare Corporation (ENH) became owner and operator of Rush North Shore Medical Center (Skokie Hospital) in November 2008.
- In 2009, Northshore University Healthsystem (the applicant) set out to modernize its campus through a multi-phase modernization project. Phase I, (Project #09-025), involved the construction of a 169,000 GSF Medical Office Building (MOB), which is currently underway. The proposed project will address the most significant facility-related deficiencies at the hospital, and provide for a level of health care that is consistent with industry standards.

COMPLIANCE ISSUES:

- The applicant has no adverse background or compliance issues to report.



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PUBLIC HEARING/COMMENT

- An opportunity for a public hearing was offered on this project; however, no hearing was requested. Additionally, the State Agency did not receive public comments on this proposal, and no letters of support or opposition were received by the State Agency.

FINANCIAL AND ECONOMIC FEASIBILITY:

- The project will be funded through cash and securities totaling \$154,235,520. An "A" Bond Ratings from Standard & Poor's and Moody's was included in the application for permit, as well as audited financial statements. Sufficient financial means exist to fund this project.

CONCLUSIONS:

- This project represents the second phase of a campus modernization program. The first phase, (Project #09-025), was approved by the IHFSRB on December 1, 2009, and proposed to establish a 169,000 GSF medical office building. This particular phase of the modernization project involves the main building of the hospital.
- **The applicants have addressed a total of 12 review criteria that are listed below.**
 - 1110.234 (a) - Project Size
 - 1110.234 (b) - Project Services Utilization
 - **1110.530 (d) - Modernization of Category of Service**
 - 1110.1430 (f) - Performance Requirements
 - 1110.1430 (j) - Assurance
 - 1120.120 (a) - Availability of Funds
 - 1120.130 (a) - Financial Feasibility
 - 1120.140 (a) - Reasonableness of Finance Cost
 - 1120.140 (b) - Terms of Debt Financing
 - 1120.140 (c) - Reasonableness of Project Costs
 - 1120.140 (d) - Projected Operating Costs
 - 1120.140 (e) - Total effect of the Project on Capital Costs
- Of the 12 review criteria the applicants have failed to meet one: **Criteria 1110.530 (d) Modernization of Category of Service.** The applicants' historical utilization will justify 114 medical surgical beds and not the 138 medical surgical beds being requested by the applicants. ($96.6 \text{ ADC} / 85\% = 114 \text{ beds}$). However, the applicants' provided referrals from 15 area physicians who anticipate referring 65% of their admissions to the applicants' facility, upon project completion. The projected 1,841 admissions, given an average 4.8 day stay, supports a need for 149 beds, based on the State Board's 85% target utilization schedule.
- All other areas being proposed to be modernized meet or exceed the State Board standard for modernization.



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State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
Criterion 1110.530(d) - Modernization of Category of service	The applicants' historical utilization does not justify the 138 medical surgical beds being requested.



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STATE BOARD STAFF REPORT

Skokie Hospital, Skokie

Project #12-020

APPLICATION SUMMARY	
Applicant	Skokie Hospital
Facility Name	Northshore University Healthsystem
Location	Skokie, Illinois
Application Received	March 5, 2012
Application Deemed Complete	March 5, 2012
Scheduled Review Period Ended	May 4, 2012
Review Period Extended by the State Agency?	No
Public Hearing Requested?	No
Applicant' Deferred Project?	No
Can Applicant Request Another Deferral?	Yes
Applicant' Modified the Project?	No

I. The Proposed Project

The applicant is proposing the modernization of medical surgical and intensive care nursing units as well as surgery/recovery, same-day surgery, pharmacy, and administrative/support space. The cost of this project is \$154,235,520.

II. Summary of Findings

- A. The State Agency finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicant is Northshore University HealthSystem. Skokie Hospital is located in the A- 08 hospital planning area, and HSA-07. There are 3 other providers of acute care services in A-08. The State Board's modernization target utilization for M/S beds is 85% for a bed complement of 100-199 medical surgical beds and for intensive care beds 60% no matter the number of beds. Project obligation will occur after permit issuance. The anticipated project completion date is December 31, 2017. This



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is a non substantive project, which is subject to both a Part 1110 and Part 1120 review.

TABLE ONE Skokie Hospital Bed Utilization									
Category of Service	Authorized Beds	Proposed Beds	Adm.	Patient Days	ALOS	ADC	Utilization Proposed Beds	State Standard	Met Standard ?
Medical Surgical	173	138	6,733	32,578	5.2	96.6	70%	85%	No
Pediatrics	2	2	0	0	0.0	0.0	0.0%	65%	No
Intensive Care	20	16	1,455	4,203	2.9	11.5	71.9%	60.00%	Yes
Total	195	156							
1. Patient Days includes inpatient and observation days.									
2. Data taken from CY2010 Annual Hospital Questionnaire									

Summary of Support and Opposition Comments

An opportunity for a public hearing was offered on this project; however, no hearing was requested. Additionally, the State Agency did not receive public comments on this proposal. No letters of support or opposition were received by the State Agency.

At the conclusion of this report is the 2010 Annual Hospital Profile for Skokie Hospital and the charity care information for all hospitals in the North Shore University HealthSystem. A safety net impact statement was not required because this project is not a new facility; or a replacement facility or a discontinuation.

TABLE TWO Charity Care Information as reported by the applicants			
	2008	2009	2010
Net Patient Revenue	\$175,975,000	\$117,669,423	\$170,156,474
Amount of Charity Care (Charges)	\$1,522,523	\$1,980,078	\$5,447,396
Cost of Charity Care	\$507,000	\$624,731	\$1,674,714
% of charity care to Net Revenue	.28%	.53%	.98%
Evanston Northwestern Healthcare Corporation (ENH) became owner and operator of Rush North Shore Medical Center (Skokie Hospital) in November 2008. FY 2009 includes only a partial year.			



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IV. The Proposed Project - Details

The applicant is proposing the modernization of its medical surgical and ICU nursing units, as well as the surgery suite/recovery, same day surgery, pharmacy, and administrative/support space. The project represents the second phase of a campus modernization project, and will remove 35 med/surg and 2 ICU beds from the bed complement. The proposed modernization will result in all beds at Skokie Hospital being located in private rooms. The proposed project entails 173,957 GSF of newly constructed space, 147,815 GSF of modernized space, an increase the overall space by 141,258 GSF, from 164,700 GSF to 305,958 GSF.

The proposed modernization will result in all patient rooms having individual toilet/bathing facilities, and expanded surgical suites adherent to modern spatial standards.

V. Project Costs and Sources of Funds

The project is being funded exclusively with cash and securities totaling \$154,235,520. Table Three displays the project's cost information. The State Agency notes the project consist of both clinical and non-clinical components.

TABLE THREE Project Costs and Sources of Funds			
Project Costs			
	Clinical	Non-Clinical	Total
Preplanning	\$1,332,291	\$1,004,855	\$2,337,146
Site Survey Soil Investigation	\$11,250	\$13,750	\$25,000
Site Preparation	\$1,415,500	\$1,856,975	\$3,272,475
Off-Site Work	\$90,000	\$130,000	\$220,000
New Construction	\$28,762,044	\$37,180,958	\$65,943,002
Modernization	\$26,949,670	\$13,989,086	\$40,938,756
Contingencies-New Construction	\$1,276,400	\$2,202,746	\$3,479,146
Contingencies-Modernization	\$1,811,800	\$1,144,500	\$2,956,300
Architectural and Engineering Fees	\$4,582,562	\$4,240,133	\$8,822,695
Consulting Fees	\$2,968,380	\$2,528,620	\$5,497,000



TABLE THREE Project Costs and Sources of Funds			
Project Costs			
	Clinical	Non-Clinical	Total
Movable of Other Equipment	\$17,331,000	\$2,903,000	\$20,234,000
Other Costs to be Capitalized	\$165,000	\$345,000	\$510,000
Total	\$86,695,897	\$67,539,623	\$154,235,520
Sources of Funds			
Cash and Securities	\$86,695,897	\$67,539,623	\$154,235,520
Total	\$86,695,897	\$67,539,623	\$154,235,520

VI. Cost/Space Requirements

Table Four displays the project's space requirements for the clinical and non-clinical portions of the project. The definition of non-clinical as defined in the Planning Act [20 ILCS 3960/3] states, "non-clinical service area means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving treatment at the health care facility."

TABLE FOUR Cost Space Chart							
Department/Area	Cost	Existing	Proposed	New Construction	Modernized	As Is	Vacant
Clinical							
Medical Surgical Beds	\$42,480,990	64,995	79,470	14,475	64,995	0	0
ICU	\$8,149,414	11,800	10,950	10,950	0	0	11,800
Surgery	\$16,125,437	23,465	21,985	19,890	2,095	0	0
PACU/Recovery	\$3,467,836	3,335	5,435	2,645	2,790	0	3,355
Same Day Surgery	\$10,403,508	4,975	20,355	3,520	16,835	0	4,975
Acute Dialysis	\$260,088	715	715	0	715	0	0
Rehab Services	\$693,567	1,580	1,580	0	1,580	0	0
Respiratory Care	\$606,871	1,580	1,580	0	1,580	0	0
Pharmacy	\$4,508,187	3,810	7,515	7,515	0	0	3,810
Subtotal Clinical	\$86,695,897	116,275	149,585	58,995	90,590	0	23,940



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**TABLE FOUR
Cost Space Chart**

Department/Area	Cost	Existing	Proposed	New Construction	Modernized	As Is	Vacant
Clinical							
Non-Clinical							
Sterile Processing	\$3,849,759	6,020	7,245	7,245	0	0	0
Cafeteria	\$3,376,981	2,930	6,770	5,085	1,685	0	0
Food Service	\$3,512,060	2,535	9,825	5,810	4,015	0	0
Conference Ctr.	\$2,769,125	0	7,340	3,680	3,660	0	0
Administration	\$9,928,325	32,610	29,605	21,355	8,250	0	32,610
Support Service Office	\$3,376,981	0	7,890	6,835	1,055	0	0
Simulation Lab	\$1,418,332	1,740	2,975	0	2,975	0	0
Hospitalists	\$878,015	0	2,775	0	2,775	0	0
Care Management	\$607,857	0	2,045	0	2,045	0	0
On-Call Rooms	\$1,080,634	0	3,475	0	3,475	0	0
Dept of Surgery	\$6,483,804	0	20,975	0	20,975	0	0
Telecommunication	\$472,777	1,580	1,580	0	1,580	0	0
Residents	\$945,555	1,010	2,460	1,450	1,010	0	0
Public & Circulation	\$7,226,740	0	14,598	10,873	3,725	0	0
Mechanicals	\$15,128,876	0	36,815	36,815	0	0	0
Subtotal Non Clinical	\$67,539,623	48,425	156,373	114,962	57,225	0	32,610
Total	\$154,235,520	164,700	305,958	173,957	147,815	0	0

VII. Section 1110.230 - Background Project Purpose and Alternatives

The information requirements contained in this Section are applicable to all projects except projects that are solely for discontinuation. An applicant shall document the *qualifications, background, character and financial resources to adequately provide a proper service for the community* and also demonstrate that the project promotes the *orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of facilities or service.* [20 ILCS 3960/2]

a) Background of Applicant



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- 1) **An applicant must demonstrate that it is fit, willing and able, and has the qualifications, background and character, to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").**

The applicants provided all of the information required by this criterion and there have been no adverse actions taken against the applicants within the past three years.

- b) **Purpose of the Project**
The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.
 - 1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project. Examples of such information include:
 - A) The area's demographics or characteristics (e.g., rapid area growth rate, increased aging population, higher or lower fertility rates) that may affect the need for services in the future;



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- B) The population's morbidity or mortality rates;
 - C) The incidence of various diseases in the area;
 - D) The population's financial ability to access health care (e.g., financial hardship, increased number of charity care patients, changes in the area population's insurance or managed care status);
 - E) The physical accessibility to necessary health care (e.g., new highways, other changes in roadways, changes in bus/train routes or changes in housing developments).
- 2) The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).
 - 3) The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.
 - 4) For projects involving modernization, the applicant shall describe the conditions being upgraded. For facility projects, the applicant shall include statements of age and condition and any regulatory citations. For equipment being replaced, the applicant shall also include repair and maintenance records.

This project represents the second phase of a campus modernization program. The first phase, (Project #09-025), was approved by the IHFSRB on December 1, 2009, and proposed to establish a 169,000 GSF medical office building. Project #09-025 is proceeding with due diligence and has a projected completion date of June 30, 2012. (**The State Board Staff** notes that a permit renewal is scheduled for approval at the June 2012 meeting to extent the completion date to December 31, 2017) The purpose of this particular



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phase of the modernization project involves the main building of the hospital. Built in 1963, this building lacks private rooms, restrooms, and shower facilities. The surgical suites are under the appropriate size standards for modern OR facilities, and the Intensive Care Units are not centralized to facilitate efficient staffing. Support areas for the outpatient surgery area are inadequate for today's operational standards, and the facility in general lacks sufficient storage space. The applicant proposes to address each of the inadequacies listed above, in an effort to provide better service to its current patient base, resulting in increased patient satisfaction overall, and a reduced need for inter-facility room transfers for patients at Skokie Hospital.

- c) **Alternatives to the Proposed Project - Information Requirements**
The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.
- 1) **Alternative options shall be addressed. Examples of alternative options include:**
 - A) **Proposing a project of greater or lesser scope and cost;**
 - B) **Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;**
 - C) **Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and**
 - D) **Other considerations.**
 - 2) **Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.**



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- 3) The applicant shall provide empirical evidence, including quantified outcome data; that verifies improved quality of care, as available.

The applicant considered two alternatives for Phase II of the Skokie Hospital modernization project.

- 1) **Replace Existing Building with a New Bed Tower**

The applicant rejected this alternative for two reasons. First involves the location of the existing physical plant, which is located in a area making the only viable alternative for construction of a patient tower one that is closer to Golf Road. The relocation would face significant resistance from the City and its Zoning Board. The second reason involves the physical proximity of any new patient tower to the ancillary and support elements critical to the hospital's efficient function. **The applicant did not include a project cost with this alternative.**

- 2) **A Less Extensive Renovation of the Existing Building**

Although significant cost savings would be realized with this option, any compromise from the proposed construction/modernization plan would be counterproductive to the entire effort to establish an all-private room environment at Skokie Hospital. The applicant notes this alternative would be approximately \$9-\$10 million dollars less than the proposed project cost, but would not increase patient overall care and satisfaction.

VIII. Section 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

- A) **Criterion 1110.234 (a) - Size of Project**

- 1) The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage (SF) cannot deviate from the SF range indicated in Appendix B, or exceed the SF standard in Appendix B if the standard is a single number, unless SF can be justified by documenting, as described in subsection (a) (2).



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- 2) If the project SF is outside the standards in Appendix B, the applicant shall submit architectural floor plans (see HFSRB NOTE) of the project identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards. The applicant shall submit documentation of one or more of the following:
- A) The proposed space is appropriate and neither excessive nor deficient in relation to the scope of services provided, as justified by clinical or operational needs; supported by published data or studies, as available; and certified by the facility's Medical Director; or
 - B) The existing facility's physical configuration has constraints that require an architectural design that exceeds the standards of Appendix B, as documented by architectural drawings delineating the constraints or impediments, in accordance with this subsection (a); or
 - C) Additional space is mandated by governmental or certification agency requirements that were not in existence when the Appendix B standards were adopted.

HFSRB NOTE: Architectural floor plans submitted shall identify clinical service areas or components and shall designate the areas in square footage. Architectural floor plans must be of sufficient accuracy and format to allow measurement. Format may be either a digital drawing format (.dwg file or equivalent) or a measurable paper copy 1/16th scale or larger.

TABLE FIVE Gross Square Feet by Department					
Department/Area	Proposed	Number of Beds Stations Rooms	State Standard		Difference
			Per Unit	Total	



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Medical Surgical Beds	84,295	138	500-660 GSF	91,080	6,785
ICU	10,950	16	600-685 GSF	10,960	10
Surgery	21,985	8	2,750 GSF Ea.	22,000	15
PACU (8 L1 & 10 L2)	5,435	10	180 GSF	5,440	5

The applicant met the State Standard for all services proposing to be modernized (See Table Four).

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE OF THE PROJECT CRITERION (77 IAC 1110.234(a))

B) Criterion 1110.234 - Project Services Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source, that minimally include the following:

- 1) Clinical encounter times for anticipated procedures in key rooms (for example, procedure room, examination room, imaging room);
- 2) Preparation and clean-up times, as appropriate;
- 3) Operational availability (days/year and hours/day, for example 250 days/year and 8 hours/day); and
- 4) Other operational factors.

The applicant has documented by the second year after project completion that services being proposed to be modernized will be at State Board's target occupancy for all services involved. The applicants notes the proposed project calls for reductions in beds for the Medical/Surgical and Intensive Care units.



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Medical/Surgical Beds

The applicants propose to decrease the number of medical surgical beds from 173 to 138 a decrease of 35 beds. The applicants tallied the admissions from 15 area physicians who anticipate referring 65% of their admissions to the applicant facility, upon project completion. The projected 1,841 admissions, given an average 4.8 day stay, supports a need for 149 beds, based on the State Board's 85% target utilization schedule.

ICU

The applicant proposes to replace two separate Intensive Care Units with one centralized ICU, containing 16 beds. This is a reduction of 4 ICU beds. The applicant considered the number of patient days over the last two years, and combined with the average daily census, determined a projected occupancy rate of 75%, which exceeds the State occupancy target of 60%. The applicant expects this occupancy rate to remain level through the first two years after project completion, based on the "privatization" of all medical surgical rooms at Skokie Hospital, and the diminished need to occupy an ICU room for infection control purposes.

Surgery

The applicant proposes to reduce the complement of surgical suites from ten to eight, and classify all 8 as Class "C" suites. The applicant utilized the same projected occupancy formula as used for the Med/Surg bed complement, and when compared against the rule of 1,500 hours per suite, determined a need for 9.53 operating rooms during the second year after project completion.

TABLE SIX					
Historical/projected Utilization Figures, Skokie Hospital					
Dept./Service	Historical Utilization	Projected Utilization		State Standard	Met Standard?
		Year 1	Year 2		
Med/Surg (138 Beds)	35,275 pt days	42,310	43,318	42,505 days	Yes
ICU (16 Beds)	4,209 pt days	4,199	4,380	3,286 days	Yes
Surgery (8 ORs)	11,845 hrs.	13,000 hrs.	14,295 hrs.	10,501 hrs	Yes



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Table Six illustrates the historical and projected utilization figures, and when compared to the State Standard, results in a positive finding for this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT SERVICE UTILIZATION CRITERION (77 IAC 1110.234(b))

X. Section 1110.530 – Med/Surg, Obstetrics, Pediatric, and Intensive Care

A) Criterion 1110.530 (d) - Category of Service Modernization

- 1) If the project involves modernization of a category of hospital bed service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:**
 - A) High cost of maintenance;**
 - B) Non-compliance with licensing or life safety codes;**
 - C) Changes in standards of care (e.g., private versus multiple bedrooms); or**
 - D) Additional space for diagnostic or therapeutic purposes.**
- 2) Documentation shall include the most recent:**
 - A) IDPH Centers for Medicare and Medicaid Services (CMMS) inspection reports; and**
 - B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.**
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:**
 - A) Copies of maintenance reports;**



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- B) Copies of citations for life safety code violations; and
 - C) Other pertinent reports and data.
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.

Medical/Surgical

As mentioned, fifteen physicians (application, p. 88) anticipate the relocation of approximately 65% of their current admissions to Skokie Hospital. These data, combined with the average length of stay and average daily census, will result in a need for 149 beds. The applicant also notes the disproportionately large elderly patient population which will lend to a consistently high patient population that will meet and/or surpass the State Occupancy Target of 85% for 138 beds. However historical utilization justifies 114 medical surgical beds and not the 138 medical surgical beds being requested.

ICU Beds

The proposed project calls for the replacement of two small Intensive Care Units (20 beds), with one centralized 16-bed Intensive Care Unit. Since 2009, Skokie Hospital ICU's Average Daily Census (ADC) has been in the range of 11.5 – 11.9. This support a need for 20 beds at the facility. The applicant is proposing a smaller bed complement for this service, and opting for private ICU rooms to address potential infection control cases in the future. The applicant is confident that the proposed 16-bed unit will meet and exceed the 60% requirement for Occupational capacity. Historical utilization justifies the number of ICU beds being requested.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE PROJECT MODERNIZATION CRITERION (77 IAC 1110.530)

- B) **Criterion 1110.530 (f) - Performance Requirements – Bed Capacity Minimum**
 - 1) **Medical-Surgical**



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The minimum bed capacity for a medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds.

2) Obstetrics

A) The minimum unit size for a new obstetric unit within an MSA is 20 beds.

B) The minimum unit size for a new obstetric unit outside an MSA is 4 beds.

3) Intensive Care

The minimum unit size for an intensive care unit is 4 beds.

4) Pediatrics

The minimum size for a pediatric unit within an MSA is 4 beds.

The applicant notes the proposed project involves the modernization of its Medical/Surgical and ICU categories of service. Upon project completion, the Med/Surg bed complement will be reduced by 35 beds, from 173 to 138. The ICU category of service will be reduced by four beds, from 20 to 16. The applicants have met the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT MODERNIZATION CRITERION (77 IAC 1110.530)

C) Criterion 1110.530 - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The applicants have provided the necessary assurances as required by this criterion.



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THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT MODERNIZATION CRITERION (77 IAC 1110.530)

XI. Section 1110.3030 – Clinical Service Areas Other Than Categories of Service

A) Criterion 1110.330 (c) - Service Modernization

The applicant shall document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities

The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to: historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

2) Service or Facility

Projects involving the modernization of a service or facility shall meet or exceed the utilization standards for the service, as specified in Appendix B. The number of key rooms being modernized shall not exceed the number justified by historical utilization rates for each of the latest two years, unless additional key rooms can be justified per subsection (c)(2) (Necessary Expansion).

The proposed project has several clinical areas classified as not being categories of service, and two have utilization standards as defined by the State Board. They are:

- Surgery
- Recovery (PACU)

For these criteria, the applicant has justified the need via utilization standards. The applicant proposes to have 8 surgical suites and 32 recovery stations. The applicant projects the surgical service to provide 13,000 hours by the second year of operation, which actually justifies a need for nine surgical suites. The applicant notes the work performed in the surgery area is predominantly new construction (90%), and the modernization minimal.



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The applicant also notes the new same-day surgery department will be moved to the second floor and expanded to provide pre-operative, recovery (level 2), and family areas as well. The applicant notes the expanding role outpatient surgery plays in the delivery of modern healthcare as justification for the modernization/expansion of this service.

A satellite physical therapy/rehabilitation area is also being developed contiguous to the medical surgical unit, as a convenience to patients utilizing the expanded surgical service. The applicants identified knee and hip replacements as the most prominent surgeries performed at Skokie Hospital, and the co-location of the orthopedic and rehabilitation services prudent. Lastly, the applicant notes the modernization of Respiratory Therapy and Acute Dialysis services as necessary due to the primary age of the facilities, and the associated wear upon the existing infrastructure.

The applicant has addressed the necessity for the new construction and/or modernization of all remaining clinical service areas outside of the prescribed categories of service, satisfying the requirements of this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE CLINICAL SERVICE AREAS OTHER THAN CATEGORY OF SERVICE CRITERION (77 IAC 1110.3030 (c).

XII. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
 - 1) The amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and



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- 2) **Interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;**
- b) **Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. Provide a list of confirmed pledges from major donors (over \$100,000);**
- c) **Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;**
- d) **Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:**
 - 1) **For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;**
 - 2) **For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;**
 - 3) **For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;**
 - 4) **For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;**



- e) **Governmental Appropriations** – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
- f) **Grants** – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
- g) **All Other Funds and Sources** – verification of the amount and type of any other funds that will be used for the project.

The applicant is funding this project with cash and securities in the amount of \$154,235,520. There is no debt financing associated with this project. The applicant has an AA/Stable bond rating from Standard & Poors, an AA2 rating from Moody's. In its report, Moody's Investor Service states:

"The AA Long-Term rating on Northshore's debt reflects our assessment on Northshore's strong business position in Chicago's northern suburbs, excellent financial profile highlighted by solid revenue growth and strong liquidity, large employed physician's base, strong service area, success in growing inot a system over the past decade, and what we consider to be a strong management team."

The applicant has provided audited financial statements that indicate sufficient cash is available to fund this project. See pages 100-111 of the application for permit for the bond ratings

XIII. 77 IAC 1120.130 - Financial Viability

- a) **Financial Viability Waiver**
The applicant is NOT required to submit financial viability ratios if:
 - 1) All project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.



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- 2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Association Inc. (MBIA), or its equivalent; or

HFSRB NOTE: MBIA Inc is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to promote credit enhancement as MBIA would pay the debt (both principal and interest) in case of the bond issuer's default.

- 3) The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor (insurance company, bank or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) Viability Ratios

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards. The latest three years' audited financial statements shall consist of:

- 1) Balance sheet;
- 2) Revenues and expenses statement;
- 3) Changes in fund balance; and
- 4) Changes in financial position.

HFSRB NOTE: To develop the above ratios, facilities shall use and submit



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audited financial statements. If audited financial statements are not available, the applicant shall use and submit Federal Internal Revenue Service tax returns or the Federal Internal Revenue Service 990 report with accompanying schedules. If the project involves the establishment of a new facility and/or the applicant is a new entity, supporting schedules to support the numbers shall be provided documenting how the numbers have been compiled or projected.

c) **Variance**

Applicant not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

The applicant is funding this project with cash and securities in the amount of \$154,235,520. There is no debt financing associated with this project. The applicant have an A-bond rating and have provided audited financial statements that indicate sufficient cash is available to fund this project. See pages 100-111 of the application for permit for the bond ratings

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1125.110).

XIV. Review Criteria - Economic Feasibility

A. Criterion 1120.140 - Reasonableness of Financing Arrangements

The criterion states:

"This criterion is not applicable if the applicant has documented a bond rating of "A" or better pursuant to Section 1120.210. An applicant that has not documented a bond rating of "A" or better must document that the project and related costs will be:

- 1) funded in total with cash and equivalents including investment securities, unrestricted funds, and funded depreciation as currently defined by the Medicare regulations (42 USC 1395); or
- 2) Funded in total or in part by borrowing because:



- A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times;
- B) Or borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60 day period. The applicant must submit a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to compliance with this requirement.
- C) The project is classified as a Class B project. The co-applicant does not have a bond rating of "A". No capital costs, except fair market value of leased space and used equipment, are being incurred by the co-applicant."

The applicant is funding this project with cash and securities in the amount of \$154,235,520. There is no debt financing associated with this project. The applicants have an A-bond rating and have provided audited financial statements that indicate sufficient cash is available to fund this project. See pages 100-111 of the application for permit for the bond ratings

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE REASONABLENESS OF FINANCING CRITERION (77 IAC 1120.140(a)).

B. Criterion 1120.140(b) - Conditions of Debt Financing

This criterion states:

"The applicant must certify that the selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors. In addition, if all or part of the project involves the leasing of equipment or facilities, the applicant must certify that the expenses incurred with leasing a facility and/or equipment are less costly than constructing a new facility or



purchasing new equipment. Certification of compliance with the requirements of this criterion must be in the form of a notarized statement signed by two authorized representative (in the case of a corporation, one must be a member of the board of directors) of the applicant entity."

The applicant is funding this project with cash and securities in the amount of \$154,235,520. There is no debt financing associated with this project. The applicants have an A-bond rating and have provided audited financial statements that indicate sufficient cash is available to fund this project. See pages 100-111 of the application for permit for the bond ratings

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH THE TERMS OF DEBT FINANCING CRITERION (77 IAC 1125.800).

C. Criterion 1120.140(c) - Reasonableness of Project Cost

The criteria states:

"1) Construction and Modernization Costs

Construction and modernization costs per square foot for non-hospital based ambulatory surgical treatment centers and for facilities for the developmentally disabled, and for chronic renal dialysis treatment centers projects shall not exceed the standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. For all other projects, construction and modernization costs per square foot shall not exceed the adjusted (for inflation, location, economies of scale and mix of service) third quartile as provided for in the Means Building Construction Cost Data publication unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

2) Contingencies

Contingencies (stated as a percentage of construction costs for the stage of architectural development) shall not exceed the standards



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detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities. Contingencies shall be for construction or modernization only and shall be included in the cost per square foot calculation.

BOARD NOTE: If, subsequent to permit issuance, contingencies are proposed to be used for other line item costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by the State Board prior to such use.

3) Architectural Fees

Architectural fees shall not exceed the fee schedule standards detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

4) Major Medical and Movable Equipment

A) For each piece of major medical equipment, the applicant must certify that the lowest net cost available has been selected, or if not selected, that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.

B) Total movable equipment costs shall not exceed the standards for equipment as detailed in Appendix A of this Part unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar or consistent with other projects that have similar constraints or complexities.

5) Other Project and Related Costs

The applicant must document that any preplanning, acquisition, site survey and preparation costs, net interest expense and other estimated costs do not exceed industry norms based upon a comparison with similar projects that have been reviewed."

The State Agency notes only the clinical costs will be reviewed against the established standards in Part 1120. The State Agency calculated the State Board Modernization Standard using the third quartile of 2012 RS Means



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data adjusted for complexity by department/function. This number was then inflated by 3.3% per year until the Midpoint of construction.

Preplanning - These costs total \$1,332,291 and are less than 1.7% of construction/modernization, contingencies and equipment costs. This appears reasonable when compared to the State Board Standard of 1.8%.

Site Survey/Soil Investigation and Site Preparation - These costs total \$1,426,750 are 4.7% of construction and contingency costs. This appears reasonable when compare to the State Board Standard of 5% of construction and contingency costs.

Off Site Work - These costs total \$90,000. The State Board does not have a standard for these costs.

New Construction and Proportionate Contingencies - These costs total \$30,038,444, or \$172.67 per GSF. This appears reasonable compared to the adjusted State standard of \$404.30 per GSF.

Modernization and Proportionate Contingencies - These costs total \$28,761,470, or \$194.57 per GSF. This appears reasonable compared to the adjusted State standard of \$283.10 per GSF.

Contingencies: New Construction - These costs total \$1,276,400 or 4.4% of new construction costs. This appears reasonable compared to the State standard of 10%.

Contingencies: Modernization - These costs total \$1,811,800 or 6.7% of modernization costs. This appears reasonable compared to the State standard of 10%-15%.

Architectural and Engineering Fees: New Construction - These costs total \$2,337,106, or 7.7% of construction and contingencies. This appears **high** compared to the State standard of 5.12% -7.68%

Architectural and Engineering Fees: Modernization - These costs total \$2,245,455, or 7.8% of modernization and contingencies. This appears



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reasonable compared to the State standard of 5.48%-8.22%.

Consulting or Other Fees - These costs total \$2,968,380. The State Board does not have standards for this cost.

Moveable & Other Equipment - These costs total \$17,331,000. The State Board does not have an equipment standard for hospital-based projects.

Other Costs to be Capitalized - These costs total \$165,000. The State Board does not have a standard for these costs.

It appears the applicant reports project costs for Architectural & Engineering Fees that are in excess of the State Standard, and a positive finding cannot be made for this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COST CRITERION (77 IAC 1120.140(c).

D. Criterion 1120.140(d) - Projected Operating Costs

The criterion states:

"The applicant must provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later. Direct costs mean the fully allocated costs of salaries, benefits, and supplies for the service."

The applicant project \$3,726.75 of annual operating costs per equivalent patient day for the first year of operation. The State Board does not have a standard for this cost.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECTED OPERATING COSTS CRITERION (77 IAC 1120.140(d).



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E. Criterion 1120.140(e) - Total Effect of the Project on Capital Costs

The criterion states:

"The applicant must provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year after project completion or the first full fiscal year when the project achieves or exceeds target utilization pursuant to 77 Ill. Adm. Code 1100, whichever is later."

The applicant project \$1,085.03 per adjusted patient day in annual capital costs for the first year of operation.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140(e)).

Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Jeffrey Hillebrand		White	69.5%	Hispanic or Latino:	2.3%
ADMINSTRATOR PHONE	847-570-5151		Black	3.9%	Not Hispanic or Latino:	97.7%
OWNERSHIP:	NorthShore University HealthSystem		American Indian	0.3%	Unknown:	0.0%
OPERATOR:	NorthShore University HealthSystem		Asian	4.5%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R		Hawaiian/ Pacific	0.2%	IDPH Number:	2188
CERTIFICATION:			Unknown:	21.7%	HPA	A-08
FACILITY DESIGNATION:	General Hospital				HSA	7
ADDRESS	9600 Gross Point Road	CITY: Skokie	COUNTY:	Suburban Cook County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2010	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2010	Staff Bed Occupancy Rate %
Medical/Surgical	173	127	126	6,733	32,578	2,697	5.2	96.6	55.9	76.1
0-14 Years				0	0					
15-44 Years				532	2,086					
45-64 Years				1,618	7,336					
65-74 Years				1,175	5,537					
75 Years +				3,408	17,619					
Pediatric	2	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	20	1,455	4,203	6	2.9	11.5	57.7	57.7
Direct Admission				1,083	3,128					
Transfers				372	1,075					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	16	12	346	2,679	0	7.7	7.3	0.0	45.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	195			8,162	39,460	2,703	5.2	115.5	59.238	
(Includes ICU Direct Admissions Only)										

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	62.7%	5.6%	0.0%	25.9%	2.2%	3.5%	
Inpatients	5117	460	0	2113	183	289	8,162
	40.9%	9.8%	0.0%	44.2%	4.3%	0.8%	
Outpatients	56146	13391	0	60572	5938	1110	137,157
Financial Year Reported:	10/1/2009 to	9/30/2010	Inpatient and Outpatient Net Revenue by Payor Source				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	48.1%	6.6%	0.0%	42.0%	3.3%	100.0%	
	49,247,725	6,801,876	0	43,022,499	3,398,274	102,470,374	1,019,058
Outpatient Revenue (\$)	21.1%	3.9%	0.0%	66.3%	8.7%	100.0%	
	14,292,763	2,643,846	0	44,876,519	5,872,972	67,686,100	655,656
							Total Charity Care Expense 1,674,714 Totals: Charity Care as % of Net Revenue 1.0%

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	0	Level 1 Patient Days	0	Kidney:	0
Number of Live Births:	0	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	0	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	Laboratory Studies		Total:	0
C-Section Rooms:	0	Inpatient Studies	325,896		
CSections Performed:	0	Outpatient Studies	81,616		
		Studies Performed Under Contract	13,907		

* Note: According to project # 10-008 approved on 6/8/10, Skokie Hospital, Skokie, received permit to discontinue 42-bed Acute Mental Illness category of service. Profile reflects the utilization while the AMI service was in operation. Skokie Hospital offers IMRT and IGRT therapies with its linear accelerator. These therapies are included in the total treatment courses

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	235	78	869	146	1015	3.7	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	1	1	432	854	995	1117	2112	2.3	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	1	1	428	135	1568	312	1880	3.7	2.3
OB/Gynecology	0	0	1	1	69	841	178	480	658	2.6	0.6
Oral/Maxillofacial	0	0	0	0	2	0	3	0	3	1.5	0.0
Ophthalmology	0	1	0	1	7	1440	8	1073	1081	1.1	0.7
Orthopedic	0	0	2	2	1295	511	3057	889	3946	2.4	1.7
Otolaryngology	0	0	1	1	6	176	6	168	174	1.0	1.0
Plastic Surgery	0	0	0	0	4	40	14	85	99	3.5	2.1
Podiatry	0	0	0	0	42	186	58	275	333	1.4	1.5
Thoracic	0	0	1	1	11	6	40	8	48	3.6	1.3
Urology	0	0	1	1	157	233	241	255	496	1.5	1.1
Totals	0	1	9	10	2688	4500	7037	4808	11845	2.6	1.1
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		14	Stage 2 Recovery Stations		0		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	922	5519	1383	8279	9662	1.5	1.5
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	40	1092	18	737	755	0.5	0.7
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1 Not Applicable
Operating Rooms Dedicated for Trauma Care	Level 2 Adult
Number of Trauma Visits:	0
Patients Admitted from Trauma	700
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	17
Persons Treated by Emergency Services:	21,439
Patients Admitted from Emergency:	4,954
Total ED Visits (Emergency+Trauma):	22,139

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,619
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	964
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	377
EP Catheterizations (15+)	278

Cardiac Surgery Data

Total Cardiac Surgery Cases:	54
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	54
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	39

Outpatient Service Data

Total Outpatient Visits	137,157
Outpatient Visits at the Hospital/ Campus:	137,157
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment**Examinations****Radiation Equipment****Therapie:**

	Own	Contract	Inpatient	Outpt	Contract		Owned	Contract	Treatments
General Radiography/Fluoroscopy	5	0	15,140	22,592	0	Lithotripsy	0	0	0
Nuclear Medicine	4	0	1,135	5,927	0	Linear Accelerator	1	0	2,108
Mammography	1	0	1	5,113	0	Image Guided Rad Therapy	0	0	0
Ultrasound	3	0	1,193	8,694	0	Intensity Modulated Rad Thrpy	0	0	0
Angiography	1	0				High Dose Brachytherapy	0	0	0
Diagnostic Angiography			21	19	0	Proton Beam Therapy	0	0	0
Interventional Angiography			8	12	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	1	0	42	500	0	Cyber knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	5,607	11,581	0				
Magnetic Resonance Imaging	2	1	1,049	5,747	0				

The map displays the Chicago metropolitan area and surrounding regions. Major highways are shown in red and blue, with route numbers. Cities and towns are labeled in black text. The map includes a scale bar at the bottom right, ranging from 0 to 25 miles. A callout box highlights the location of Skokie Hospital at 9600 Gross Point Rd, Skokie, IL 60076.